



**WEST SPRINGFIELD PARK & RECREATION DEPARTMENT**

26 Central Street – Suite 19  
West Springfield, MA 01089-2784  
(413) 263-3284 Office  
(413) 739-1549 Fax

Email: [parkandrec@townofwestspringfield.org](mailto:parkandrec@townofwestspringfield.org)

**APPLICATION FOR SEASONAL EMPLOYMENT**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you under 16, can you furnish a work permit?  YES  NO

Position(s) Applying For \_\_\_\_\_ Date Available \_\_\_\_\_

**EDUCATION**

	<b>Name/Location</b>	<b>Graduated (Yes or No)</b>	<b>Degree Received</b>
High School			
College			
Graduate School			
Business/Technical			

**EMERGENCY CONTACT**

In case of an emergency notify:

Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address \_\_\_\_\_ Evening Phone # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**(PLEASE TURN OVER)**

**REFERENCES**  
**(Must be filled out completely)**

**Please list three (3) professional/business references below that have knowledge of your ability to work with children.**

Name	Address	Business Position	Home/Cell Phone
1.			
2.			
3.			

**WORK EXPERIENCE**

Employer's Name	Immediate Supervisor's Name & Job Title	Address	Telephone Number	Job Title
1.				
2.				
3.				

Please list any additional child care/development courses or seminars you've taken and date completed:

\_\_\_\_\_

\_\_\_\_\_

Certifications currently held:

	<u>Yes/Date of Cert.</u>	<u>No</u>
First Aid	_____	_____
C.P.R.	_____	_____
Lifeguard Training	_____	_____
W.S.I.	_____	_____

The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

